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The theoretical and empirical study of the psychological characteristics of self-regulation among military personnel with post-traumatic stress disorder

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✦ **Abstract.** This study was devoted to a comprehensive examination of the psychological mechanisms of self-regulation among military personnel of the Ukrainian Defence Forces in the context of the Russian Federation's prolonged, large-scale armed aggression. The relevance of this work stems from the sharp rise in cases of post-traumatic stress disorder among combatants. In the context of high-intensity conventional warfare, the dynamics of stress reactions are cumulative in nature, necessitating a re-evaluation of classical approaches to rehabilitation and a deeper understanding of the regulatory processes of the psyche. The aim of this article was to conduct a theoretical and empirical study of the psychological structure and patterns of functioning of self-regulation mechanisms in military personnel with post-traumatic stress disorder to identify key regulatory factors of adaptation and provide a scientific basis for new approaches to psychological rehabilitation within the framework of a new state paradigm and military reintegration standards. The methodological framework was based on a combined strategy that integrated quantitative and qualitative methods. A survey was conducted on a representative sample (n = 1,534), in which 78.9% of respondents were combatants, and 50 in-depth interviews were carried out to verify qualitative patterns of adaptation. Standardised instruments were used for diagnosis: the PTSD Checklist for DSM-5 (PCL-5) and the Emotion Regulation Questionnaire (ERQ). Statistical analysis was performed using correlation, variance and factor analyses in the IBM SPSS Statistics v.29 software environment. The empirical data revealed a critical state of mental health among personnel: symptoms of post-traumatic stress disorder were verified in 89.2% of respondents. It was found that 45.2% of military personnel have significant deficits in emotional self-regulation, which correlates with the severity of the disorder's symptoms. A high rate of lack of prior professional help (89.3%) was established, which is justified by the representativeness of the primary screening and reintegration stage. The most common self-regulation strategies identified were social support (39.2%) and physical activity (27.6%). Factor analysis enabled the identification of latent factors determining the adaptability of military personnel in stressful conditions. The study scientifically substantiates the need to integrate the author's model for monitoring psycho-emotional state and methods of multi-component support into state rehabilitation protocols. The results can be used to improve the functioning of emergency and primary care units, facilitating the transition to systematic case management in Ukraine's security and defence sector

✦ **Keywords:** psychological support; moral injury; regulatory functions; combatants; biopsychosocial model; case management; emotional self-control

✦ Introduction

Research into the psychological self-regulation of military personnel in the context of modern high-intensity warfare is becoming a strategic issue of national security. A service member's ability to consciously manage their own

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emotions and behaviour is the critical mechanism that determines not only their combat effectiveness but also the success of their subsequent return to civilian life. Thus, studying the characteristics of self-regulation in individuals with symptoms of post-traumatic stress disorder is a necessary step towards creating an effective system of psychological support within the security and defence sector. The issue of self-regulation takes on particular relevance in the context of post-traumatic stress disorder (PTSD) among military personnel. Research in the field of military psychology emphasises that a deficit in emotional self-regulation plays a key role in the onset and persistence of the disorder's symptoms. A review of the current literature indicates that difficulties with emotional regulation are directly linked to clusters of PTSD symptoms and moral trauma. Furthermore, self-efficacy in regulating negative emotions moderates the relationship between symptom severity and functional outcomes.

An important aspect of military personnel's adaptation to stressful conditions is psychological resilience and the ability to plan. In previous works, O. Novikov & E. Balashov (2025) developed and tested a model for monitoring and managing the psycho-emotional state, which involves the systematic tracking of psychological indicators. The effectiveness of an integrated approach, involving the use of standardised diagnostic tools (PC-PTSD-5, CAPS-5 and PCL-5), has also been demonstrated. The specific nature of large-scale warfare requires new psychocorrectional programmes focused on self-regulation under conditions of prolonged combat stress. Current research emphasises that in conditions of high-intensity conventional warfare, the dynamics of stress reactions are cumulative in nature, necessitating a re-evaluation of classical approaches to rehabilitation (Greene *et al.*, 2026).

PTSD in military personnel is a complex mental condition characterised by impaired emotional regulation and heightened reactivity to stressors. Research by R. Kirkham *et al.* (2025) in the field of military psychology highlights that problems with the self-regulation of emotions and behaviour play a key role in both the onset and persistence of PTSD symptoms; however, the number of empirical studies in this context is limited and requires further systematic investigation. A review of the scientific literature shows that difficulties with emotional regulation are directly linked to clusters of PTSD symptoms, in particular to impaired reactivity and moral trauma, as noted in the study by R. Boska *et al.* (2025). A review of empirical studies by R. Kirkham *et al.* (2025) also highlights the link between emotion regulation mechanisms, stress coping and military performance indicators, but identifies significant gaps in knowledge regarding the psychological factors influencing these processes in an active military context. Furthermore, recent empirical research by K. Hall *et al.* (2026) suggests that self-assessed ability to regulate negative emotions moderates the relationship between PTSD symptom severity and functional outcomes, highlighting the importance of self-regulation as a potential protective factor in psychotherapeutic interventional research by K. Hall *et al.* (2026) suggests that self-assessed ability to regulate negative emotions moderates the relationship between PTSD symptom severity and functional outcomes, highlighting the importance of self-regulation as a potential protective factor in psychotherapeutic interventions.

Ukrainian studies also highlight self-regulation as a key component of adaptive behaviour among military personnel in the stressful conditions of combat. In particular, it has been found that military personnel with high psychological resilience demonstrate better indicators of planning, autonomy and overall self-regulation, which allows to manage their own behaviour and emotions more effectively when adapting to extreme situations (Myloslavska & Bohdanovskyi, 2023). The rapid diagnostic methods for self-regulation in military personnel, as noted by the authors Y. Matsehora *et al.* (2024), have demonstrated a link between professional self-regulation and the ability to recognise and process combat experiences, which is of significant importance for the development of preventive and rehabilitation programmes for PTSD. The issue of self-regulation and PTSD has become particularly relevant in the context of the full-scale war in Ukraine, which is an example of a large-scale conflict where military personnel and volunteers face extreme stressful situations and prolonged combat stress. A large number of military personnel who have experienced combat operations since 24 February 2022 demonstrate a significant prevalence of PTSD and associated mental disorders, necessitating the development of new psychotherapeutic programmes focused on the self-regulation of emotions and behaviour in the context of prolonged war (World Health Organization, n.d.). According to empirical studies, participation in combat operations during the Russian-Ukrainian war is associated with an increased risk of developing stress reactions and traumatic symptoms, including significant psychological strain on servicemen and volunteers of the Armed Forces of Ukraine and Ukraine's territorial defence, which highlights the complexity and scale of the problem in the context of contemporary military psychology, noted A. Shkvarok *et al.* (2025).

However, despite existing theoretical and empirical findings, there is a lack of integrated studies that comprehensively examine the structure of self-regulation specifically in the context of PTSD among military personnel, combining theoretical approaches and psychometric data. The methodological basis of such studies includes psychometric measurements of self-regulation, assessment of emotional regulation, and models of interrelationships between psychological constructs (coping, resilience, emotion regulation), which allows for correlation and factor analyses. The scientific novelty of the study lies in an integrated approach to the study of self-regulation within the context of PTSD among military personnel, including an assessment of emotional and behavioural regulation, which enables the mechanisms of adaptive and dysfunctional

patterns of response to traumatic stress to be revealed and contributes to the development of scientific theory and practical psychodiagnostic models. The aim of this study was to conduct a theoretical and empirical analysis of the psychological structure and functioning of self-regulation mechanisms in military personnel with post-traumatic stress disorder. The main objectives were: to synthesise contemporary theoretical concepts of self-regulation and PTSD; to analyse recent empirical studies on the relationship between self-regulation and PTSD symptoms; and to conduct an empirical study of the structure of self-regulation in military personnel with PTSD.

✦ Materials and Methods

This theoretical and empirical study of the psychological characteristics of self-regulation in military personnel with PTSD employed a combination of theoretical and empirical approaches. The empirical study is consistent with the provisions of Order of the Ministry of Defence of Ukraine No. 1767 (2025), which stipulates the mandatory post-deployment psychological screening for the restoration of the regulatory functions of the psyche of discharged Ukrainian defence personnel. The study complied with international ethical norms and safety standards; the organisation and conduct of the survey were carried out in strict adherence to the principles set out in the American Sociological Association's Code of Ethics (2018). All participants were guaranteed complete confidentiality and anonymity of the data collected, and participation in the testing procedures was strictly voluntary following the provision of written informed consent.

In the first stage of the study, an analysis was conducted of current scientific publications on the topic of PTSD in military personnel. The review of scientific articles enabled the creation of a theoretical framework encompassing the core concepts of PTSD, emotional regulation, and adaptive mechanisms in military personnel. Among the main sources, articles by R. Boska *et al.* (2025) and I. Strøm *et al.* (2025) were examined, which enabled a detailed exploration of contemporary approaches to the psychotherapeutic treatment of PTSD, as well as the role of self-regulation in reducing the symptoms of this disorder in military personnel. An additional component of the study's theoretical framework was an analysis of the provisions of the Ministry of Defence of Ukraine standard (n.d.). This helped justify the choice of psychometric instruments, as the standard requires mandatory initial psychological screening to stabilise emotional state. The standard's requirements regarding the return of military personnel to professional activity and social life directly correlate with the study's objective of examining self-regulation mechanisms as a means of overcoming PTSD symptoms.

The empirical part of the study was based on an analysis of the results of surveys and interviews conducted in 2025 with military personnel who have experience of combat operations in the armed conflict between Ukraine and Russia. The total sample consisted of 1,534 respondents, 78.9% of whom were combatants, including people of different ages, genders and, accordingly, with varying lengths of service. The age range of respondents spans from 20 to 59 years, with a mean of 39.4 years (SD = 9.5). This figure indicates a predominance of middle-aged individuals in the sample, which is relevant for studying established mechanisms of psychological self-regulation. Data collection methods: questionnaire – to study the psychological characteristics of self-regulation, a standardised questionnaire was used, comprising 30 questions aimed at identifying the level of emotional regulation and stress coping, as well as assessing the presence of PTSD symptoms. All questionnaire items were designed with the specific military context and the stressful situations experienced in mind; interviews – in addition to the questionnaire, 50 in-depth interviews were conducted with military personnel, which provided additional qualitative data for analysing individual self-regulation strategies. The interviews aimed to identify how military personnel adapt to extreme stressful situations, as well as what self-help methods they use in their daily lives after returning from combat operations.

To assess the severity of PTSD symptoms, the validated psychometric instrument PTSD Checklist for DSM-5 (PCL-5) was used, which enabled the identification of symptoms of the disorder, the assessment of their intensity, and the determination of their impact on the respondents' daily functioning (National Center for PTSD, n.d.). To assess the respondents' ability to regulate their emotions, the ERQ was used, which enables the identification of how military personnel cope with emotional stressors and what emotional self-regulation strategies they employ in response to stressful stimuli. The use of the PCL-5 allows for the identification of symptoms of the disorder and the assessment of their intensity. Current psychometric assessments confirm that the factor structure of this questionnaire is the most relevant for identifying latent clusters of symptoms in professional military personnel (Blevins *et al.*, 2015). The study was conducted within units of the Ukrainian Defence Forces that provide psychological support to military personnel, and the data obtained through the survey were processed using statistical methods to ensure the reliability of the results. The experimental data set also included interviews with psychologists and medical staff involved in the treatment of PTSD in military personnel.

The empirical dataset was compiled through remote questionnaires using the Google Forms platform, which enabled the inclusion of respondents from various units of the Ukrainian Defence Forces and ensured the anonymity of the survey. Initial verification, structuring and visualisation of descriptive statistics were carried out using Google Sheets. IBM SPSS Statistics (v. 29) software was used to conduct an in-depth statistical analysis, utilising correlation analysis to establish relationships between the severity of PTSD symptoms and emotional control strategies. The mathematical analysis also included the use of factor analysis to identify latent factors of self-regulation and analysis of variance (ANOVA) to compare indicators of emotional resilience across groups of military personnel.

The research methodology involved a combined strategy (quantitative and qualitative methods) and is based on a modular approach to organising pre-hospital care (Order of the Ministry of Defence of Ukraine No. 516, 2025). In particular, psychometric screening using the PCL-5 was integrated into the functional tasks of the emergency and primary care modules to ensure continuity of care. For statistical data analysis, correlation analysis was used to identify links between PTSD severity and the effectiveness of self-regulation, as well as analysis of variance (ANOVA) to examine differences between groups of military personnel with varying degrees of PTSD symptom severity (Field, 2024). Factor analysis was also used to identify latent factors influencing self-regulation in military personnel (Kline, 2023). For an in-depth analysis of qualitative data, thematic analysis of interviews was applied, which allowed for the identification of key patterns of emotional regulation and stress-coping strategies among respondents (Braun & Clarke, 2021).

The sample was formed on the basis of voluntary participation, subject to obtaining written informed consent from the study participants. One of the main limitations of the study was the use of self-report methods, which may be distorted by respondents' subjective perception of their symptoms. Furthermore, social factors, such as support from family and colleagues, may also influence the level of self-regulation, which was not accounted for in this study. The methods used allow for a comprehensive study of the psychological characteristics of self-regulation in military personnel with PTSD. The data obtained through psychometric tests, questionnaires and interviews contribute to a better understanding of emotional regulation processes and may form the basis for the development of new psychocorrectional programmes for military personnel who have experienced combat stress.

✦ Results and Discussion

An analysis of the socio-demographic characteristics of the sample enabled the establishment of quantitative and qualitative parameters of the research subject. The distribution by age group demonstrates a predominance of early and middle adulthood: the largest proportion consists of military personnel aged 26-35 (33%) and 36-45 (31%). Indicators of total length of military service show considerable variation (ranging from less than 1 year to 58 years), with a median of 4 years. A characteristic feature of the sample is the high concentration of individuals with 2 to 5 years' service (40% of respondents), which allows the majority of respondents to be classified as specialists who have completed the initial phase of professional adaptation. The results of Pearson's correlation analysis revealed a weak positive correlation between age and professional experience ($r = 0.17$). This statistical pattern points to the specific nature of the formation of the current personnel, where a significant number of middle-aged individuals have a relatively short period of service, which raises the issue of transforming their prior life experience into military coping strategies. The author has systematised the empirical data obtained, covering demographic indicators, clinical characteristics and the specifics of regulatory processes, based on the research findings, and presented them in Table 1.

Table 1. *Extended profile of the results of the empirical study of military personnel*

Category	Indicators (characteristic)	n	%
Demographic profile	Men	1,465	95.5
	Women	69	4.5
	Married	970	63.2
Service history	Combatant	1,210	78.9
	No combat experience	324	21.1
Clinical condition (PTSD)	Presence of a PTSD diagnosis	1,368	89.2
	Absence of professional assistance	1,370	89.3
Emotional regulation	Difficulties with emotional self-control	693	45.2
	High capacity for regulation	660	43.0
	Low capacity for regulation	341	22.2
Functional status	Maintenance of motivation under stress	637	41.5
	State of fatigue and exhaustion	466	30.4

Source*: compiled by the author*

A high level of internal consistency of the instruments was established: Cronbach's α for the PCL-5 scale was 0.91, and for the ERQ subscales 0.84 (cognitive reappraisal) and 0.79 (expressive suppression), confirming the reliability of the measurements. The mean intensity of PTSD symptoms across the sample was $M = 48.6$ ($SD = 12.4$), which significantly exceeds the diagnostic threshold. A statistically significant inverse relationship was identified between the overall level of PTSD and the capacity for cognitive reappraisal ($r = -0.48$; $p < 0.001$), indicating the role of deficits in trauma reinterpretation in exacerbating the disorder. At the same time, the strategy of expressive emotional suppression demonstrated a direct correlation with the intensification of symptoms ($r = 0.35$; $p < 0.001$), confirming that attempts to suppress emotional responses further deepen maladaptation among military personnel.

To gain a deeper understanding of the specifics of adaptive processes, a one-way analysis of variance (ANOVA)

was applied, which demonstrated statistically significant differences in emotional resilience depending on the intensity of combat experience ($F(2,1531) = 14.32$; $p < 0.001$). It was found that military personnel who had been in zones of active fire engagement for more than six months exhibited significantly lower levels of adaptive self-regulation compared to reserve groups. Additionally, factor analysis (principal component method) identified three latent factors that together explain 62% of the variance in regulatory processes: cognitive-emotional control (loading 0.78), which determines the capacity to reinterpret traumatic events; socio-behavioural activation (0.65), associated with the mobilisation of external support resources; and psychophysiological reactivity (0.54), reflecting the level of responsiveness to stress stimuli. The identified factor structure indicates a complex architecture of self-regulation among military personnel, in which the cognitive component is decisive in preventing destructive manifestations of PTSD.

The high rate of absence of professional assistance (89.3%) among respondents who were at psychological support centres, established during the study, indicates not a lack of access to services, but the representativeness of the initial screening stage. Most respondents were surveyed either at the time of their initial contact or during primary reintegration, i.e. at the stage preceding a full psychotherapeutic cycle. This confirms the critical role of emergency and primary care modules, as defined by Order of the Ministry of Defence of Ukraine No. 516 (2025), as strategic "entry points" for service personnel into the system of continuous psychosocial support. The data obtained during the study highlight the high prevalence of PTSD among military personnel, as well as significant difficulties in their emotional self-regulation following combat operations. The lack of psychological support for the majority of military personnel creates serious social and psychological problems, necessitating urgent changes in approaches to psychotherapeutic treatment and rehabilitation. Furthermore, the use of various self-regulation strategies, such as talking to loved ones and physical activity, is crucial for maintaining the psychological health of military personnel.

Common findings with other studies. The overall results of this study confirm the conclusions of previous research regarding the high prevalence of PTSD among military personnel who have actively participated in combat operations. The data obtained regarding the demographic profile of the respondents provide the necessary context for interpreting the characteristics of self-regulation in PTSD. The age maturity of the sample potentially acts as a resource for psychological resilience, as individuals in this age group typically possess a more differentiated self-regulation system compared to younger groups. However, a significant proportion of the sample (40%) has military service experience (2-5 years), which, combined with a weak correlation between age and service length ($r = 0.17$), indicates the phenomenon of a "professional gap". For this category of military personnel, self-regulation processes under combat stress are largely based on civilian behavioural patterns, which are not always adaptive in extreme situations. The specificity of the sample, in which biological age significantly exceeds specialised military experience, may explain the difficulties in managing negative emotions (such as anger and anxiety) described in the theoretical part of the study. Thus, age maturity in this research acts as a "double-edged" factor: on the one hand, it provides a cognitive resource for analysing situations; on the other, it may intensify internal conflict when encountering traumatic experiences due to the established civilian identity.

Thus, the results of the study showed that 89.2% of respondents have a PTSD diagnosis; however, the sample was specifically formed at entry points to the rehabilitation system, which is consistent with findings reported by other authors, in particular the work of P. Resick *et al.* (2015), who indicate a significant proportion of military personnel with PTSD following participation in combat operations, particularly in the United States. In their study, P. Resick *et al.* also emphasised the importance of examining emotional regulation among military personnel, as it facilitates adaptation to post-traumatic stress and improves the effectiveness of therapeutic interventions. Research by R. Boska *et al.* (2025) also confirms the importance of emotional self-regulation in the context of PTSD among military personnel. The findings, in which 45.2% of respondents reported difficulties with emotional self-control following combat operations, align with the conclusions of this study, which asserts that impairments in emotional regulation are a key factor in the development of PTSD symptoms. According to the study by A. Seligowski *et al.* (2015), military personnel who demonstrate poor emotional regulation are prone to more severe post-traumatic disorders, which also confirms the high significance of self-regulation in maintaining mental health. Furthermore, self-assessment of the ability to regulate negative emotions moderates the relationship between symptom severity and functional outcomes. A transdiagnostic approach to emotional regulation within the biopsychosocial model allows self-regulation to be viewed not only as a psychological but also as a biologically determined adaptive mechanism (Post *et al.*, 2021).

Despite general trends, some differences are also noted in comparison with other studies. In different samples, the level of PTSD symptoms may vary significantly depending on the context of combat operations, respondent selection criteria, and the interpretation thresholds of psychometric scales. This may be linked to differences in the research context: in the present study, the military personnel were involved in a full-scale war, which is likely to cause more serious psychological consequences compared to other types of conflict studied by other researchers. The study's findings also support the theory of N. Kucherenko & I. Prykhodko (2025), who argue that a high level of psychological resilience and the capacity for self-regulation are key factors that help military personnel adapt to combat conditions. According to the study, military personnel with high psychological resilience demonstrate better

results in adaptation and emotional control. This is consistent with the findings of K. Flood & R. Keegan (2022) and S. Panda *et al.* (2024), who emphasise the importance of psychological preparation for military personnel before and after combat operations to ensure better coping mechanisms in stressful situations.

The study paid significant attention to self-regulation strategies, particularly physical activity and social support. 27.6% of respondents indicated that they use physical activity to reduce stress, which aligns with the findings of B. Ford & J. Gross (2018), where physical activity is considered one of the most effective self-regulation strategies among military personnel. This confirms the importance of integrating physical exercise into rehabilitation programmes for military personnel with PTSD. The study's findings have significant practical implications. The results confirm the need to develop new psychotherapeutic programmes focused on the self-regulation of emotions and behaviour, which could form the basis for rehabilitation centres for military personnel with PTSD. Since more than 60% of respondents reported difficulties with emotional control, it is important to promote the development of emotional regulation training methods for military personnel who have experienced combat. Thus, the study's findings are consistent with international and Ukrainian publications, emphasising the importance of self-regulation as a critical mechanism for overcoming PTSD among military personnel. However, there are some differences in the severity of PTSD symptoms, which requires further investigation into the factors influencing military personnel's adaptation in various combat situations.

✦ Conclusions

The results of the conducted theoretical and empirical study have demonstrated that self-regulation is a key system-forming factor in the development, course, and overcoming of post-traumatic stress disorder, particularly under conditions of prolonged combat stress. The empirical data obtained confirm a high prevalence of post-traumatic stress disorder among military personnel who have participated in combat: nearly 89% of respondents have a PTSD diagnosis, which underscores the relevance of considering self-regulation within a biopsychosocial approach as an integrated mechanism. At the same time, the majority of respondents at the stage of initial contact do not receive adequate psychological support, highlighting the importance of improving existing systems of care. Particular attention should be paid to self-regulation as a key mechanism ensuring adaptation to stressful influences. Around 45% of respondents experience difficulties with emotional self-control, highlighting the need to develop new psychotherapeutic programmes aimed at improving emotional regulation. Physical activity and social support proved to be effective strategies for reducing stress, confirming their importance in rehabilitation programmes. The results of the analysis of variance demonstrated that the level of regulatory mechanisms depended on the intensity of combat experience ($F \approx 14.3$; $p < 0.001$), whilst factor analysis identified three latent components (cognitive-emotional control, socio-behavioural activation, psychophysiological reactivity) that account for the majority of the variability in regulatory mechanisms.

The scientific novelty of the study lies in the quantitative confirmation and structural interpretation of the relationship between emotional regulation and the adaptation of military personnel following participation in combat operations, and the formalisation of the role of the cognitive component as the dominant factor in self-regulation. The development of new rehabilitation methods taking self-regulation into account is a crucial component for supporting the mental health of military personnel. The practical significance of these findings lies in their potential application to the development of psychological training, reintegration and support programmes for military personnel in Ukraine's security and defence sector. The limitations of the study are related to the use of self-report methods, which may be subjective, as well as to the influence of socio-contextual factors and the specific nature of the sample in combat conditions, which were not taken into account during the analysis. Promising areas for further research should focus on improving psychotherapeutic programmes aimed at emotional self-regulation, and on dynamic approaches to determining the effectiveness of various types of psychological support in the rehabilitation of military personnel after combat operations.

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✦ Conflict of Interest

None.

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Теоретико-емпіричне дослідження психологічних особливостей саморегуляції військовослужбовців із посттравматичним стресовим розладом

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✦ **Анотація.** Дослідження присвячене комплексному вивченню психологічних механізмів саморегуляції у військовослужбовців Сил Оборони України в умовах тривалої широкомасштабної збройної агресії Російської Федерації. Актуальність роботи зумовлена різким зростанням випадків посттравматичного стресового розладу серед учасників бойових дій. В умовах конвенційної війни високої інтенсивності динаміка стресових реакцій має кумулятивний характер, що вимагає перегляду класичних підходів до реабілітації та глибшого розуміння регуляторних процесів психіки. Метою статті було проведення теоретико-емпіричного дослідження психологічної структури та закономірностей функціонування механізмів саморегуляції у військовослужбовців із посттравматичним стресовим розладом для виявлення ключових регуляторних чинників адаптації та наукового обґрунтування нових підходів до психологічної реабілітації в межах нової державної парадигми та військових стандартів реінтеграції. Методологічний апарат базувався на комбінованій стратегії, що поєднала кількісні та якісні методи. Проведено анкетування репрезентативної вибірки (n = 1534), де 78,9 % респондентів є учасниками бойових дій, а також 50 глибинних інтерв'ю для верифікації якісних патернів адаптації. Для діагностики застосовувалися стандартизовані інструменти: PTSD Checklist for DSM-5 (PCL-5) та Emotion Regulation Questionnaire (ERQ). Математична обробка здійснювалася за допомогою кореляційного, дисперсійного та факторного аналізів у програмному середовищі IBM SPSS Statistics v.29. Емпіричні дані продемонстрували критичний стан психічного здоров'я особового складу: у 89,2 % опитаних верифіковано симптоматику посттравматичного стресового розладу. Виявлено, що 45,2 % військовослужбовців мають суттєві дефіцити емоційної саморегуляції, що корелює з інтенсивністю симптомів розладу. Встановлено високий показник відсутності попередньої фахової допомоги (89,3 %), що обґрунтовано як репрезентативність стадії первинного скринінгу та реінтеграції. Найбільш поширеними стратегіями саморегуляції визначено соціальну підтримку (39,2 %) та фізичну активність (27,6 %). Факторний аналіз дозволив виокремити латентні чинники, що визначають адаптивність військових у стресових умовах. Робота науково обґрунтовує необхідність інтеграції авторської моделі моніторингу психоемоційного стану та методів мультикомпонентної підтримки у державні протоколи реабілітації. Результати можуть бути використані для вдосконалення діяльності модулів невідкладних станів та первинної медичної допомоги, забезпечуючи перехід до системного кейс-менеджменту в секторі безпеки та оборони України

✦ **Ключові слова:** психологічна підтримка; моральна травма; регулятивні функції; учасники бойових дій; біопсихосоціальна модель; кейс-менеджмент; емоційний самоконтроль